SENATE BILL 1266

By Yager

AN ACT to amend Tennessee Code Annotated, Title 63, relative to pain management clinics.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

- SECTION 1. Tennessee Code Annotated, Section 63-1-301, is amended by adding the following as a new subdivision to be appropriately designated:
 - () "Certificate holder" means a medical doctor licensed under chapter 6 of this title; an osteopathic physician licensed under chapter 9 of this title; an advanced practice nurse licensed under chapter 7 of this title, who meets the requirements contained in § 63-7-126; or a physician assistant licensed under chapter 19 of this title, who practices in this state with an unrestricted, unencumbered license;
- SECTION 2. Tennessee Code Annotated, Section 63-1-301, is further amended by adding the following as a new subdivision to be appropriately designated:
 - () "Medical director" means an individual:
 - (1) Who is licensed as a physician under chapter 6 or 9 of this title, who practices in this state with an unrestricted, unencumbered license;
 - (2) Who provides oversight relative to the operations of a pain management clinic; and
 - (3) Who is a pain management specialist;
- SECTION 3. Tennessee Code Annotated, Section 63-1-301, is further amended by adding the following as a new subdivision to be appropriately designated:
 - () "Pain management specialist" means a licensed physician under chapter 6 or 9 of this title who holds:

(A)

- (i) An American Board of Medical Specialties (ABMS) or American Osteopathic Association (AOA) subspecialty certification in Pain Medicine under the boards of Anesthesia, Neurology, Psychiatry, or Physical Medicine and Rehabilitation;
 - (ii) An unencumbered Tennessee license; and
- (iii) The minimum number of continuing medical education (CME) hours in pain management to satisfy retention of ABMS or AOA certification. Any exceptions to this requirement shall be approved by the respective regulatory board; or
- (B) American Board of Pain Medicine (ABPM) diplomate status by July 1, 2016, and holds an unencumbered Tennessee license and the minimum number of CME hours in pain management to satisfy retention of ABPM diplomate status. Any exceptions to this requirement shall be approved by the respective health related licensing and regulatory board. Current pain management specialists who are qualified to take the ABPM exam may continue to practice as a pain management specialist until July 1, 2016, when diplomate status will be required;

SECTION 4. Tennessee Code Annotated, Section 63-1-306(a), is amended by designating the existing language as subdivision (1) and adding the following:

- (2) In addition to the requirements of subdivision (a)(1), each physician serving as a medical director at a pain management clinic shall meet at least one (1) of the following:
 - (A) Successful completion of a residency program and ABMS or AOA board certification in anesthesiology, neurology, physical medicine, and rehabilitation and psychiatry; or
 - (B) Status as an ABPM diplomate who is qualified to take the ABPM exam until July 1, 2016.

SECTION 5. Tennessee Code Annotated, Section 63-1-306(c), is amended by deleting the subsection and substituting the following:

- (1) Every pain management clinic shall submit an application to the department on a form prescribed by the department for a certificate to operate the clinic. A certificate shall be awarded to a certificate holder. The certificate holder shall be one (1) of the owners of the clinic.
- (2) A completed form for a certificate prescribed by the department shall show proof that the clinic has a medical director who:
 - (A) Is a certified pain management specialist as defined by the ABMS; or
 - (B) Meets the requirement of the ABPM and is qualified to take the ABPM examination. A medical director under this subdivision (c)(2)(B) can continue to practice as a pain management specialist until July 1, 2016, when diplomate status will be required.

SECTION 6. Tennessee Code Annotated, Section 63-1-309(d), is amended by deleting the language "twenty percent (20%)" and substituting the language "fifty percent (50%)".

SECTION 7. This act shall take effect July 1, 2015, the public welfare requiring it.

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